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health insurance, prepaid plans such as HMOs, or government plans such as Medicare? Yes 1 Yes, 1 Yes, but female told only during pregnancy 2 No 3.2. Do you have one person you think of as your personal doctor or health care provider? Yes, only one 1 More than one 2 No 3 Don't know/Not sure 7 Yes On't know/Not sure 7 Yes 1 No 2 Don't know/Not sure 7 Refused 9 Yes 1 No 9 Yes 9 Yes 9 Yes 1 No 9 Yes 1 No 9 Yes 9 Yes 9 Yes 1 No 9 Yes 9 Yes 1 No 9 Yes 9 Ye					
government plans such as Medicare?         pressure?           Yes         1           No         2           Don't know/Not sure         7           Refused         9           3.2. Do you have one person you think of as your personal doctor or health care provider?         6.2. Are you currently taking medicine for your high blood pressure?           Yes, only one         1           More than one         2           No         3           Don't know/Not sure         7           Refused         9					
Yes         1         Yes         1           No         2         Yes, but female told only during pregnancy 2         2           Don't know/Not sure         7         No         3           Refused         9         Told borderline high or pre-hypertensive 4         4           Don't know/Not sure         7         Refused         9           3.2. Do you have one person you think of as your personal doctor or health care provider?         6.2. Are you currently taking medicine for your high blood pressure?         Yes         1           Yes, only one         1         No         2           No         2         No         2           No         3         Don't know/Not sure         7           Don't know/Not sure         7         Refused         9	l			od	
No 2 No 3 Refused 9 Told borderline high or pre-hypertensive 4 Don't know/Not sure 7 Refused 9 Told borderline high or pre-hypertensive 4 Don't know/Not sure 7 Refused 9  3.2. Do you have one person you think of as your personal doctor or health care provider? Yes, only one 1 No 2 No 3 Don't know/Not sure 7 Refused 9  6.2. Are you currently taking medicine for your high blood pressure? Yes 1 No 2 Don't know/Not sure 7 Refused 9		ire'?	•	4	
Don't know/Not sure 7 Refused 9  3.2. Do you have one person you think of as your personal doctor or health care provider? Yes, only one 1 More than one 2 No 3 No 3 Told borderline high or pre-hypertensive 4 Don't know/Not sure 7 Refused 9  6.2. Are you currently taking medicine for your high blood pressure? Yes 1 No 2 No 3 Don't know/Not sure 7 Refused 9		1			
Refused 9 Told borderline high or pre-hypertensive 4 Don't know/Not sure 7 Refused 9  3.2. Do you have one person you think of as your personal doctor or health care provider? Yes, only one 1 Yes 1 No 2 No 3 Don't know/Not sure 7 Refused 9			1		
Don't know/Not sure 7 Refused 9  3.2. Do you have one person you think of as your personal doctor or health care provider? Yes, only one 1 Yes 1 More than one 2 No 3 Don't know/Not sure 7 Pon't know/Not sure 7  Don't know/Not sure 7  Don't know/Not sure 7  Don't know/Not sure 7  Refused 7  Refused 7  Refused 9		•	1.10		
Refused 9  3.2. Do you have one person you think of as your personal doctor or health care provider? Yes, only one 1 Yes 1 More than one 2 No 3 Don't know/Not sure 7  Refused 9  6.2. Are you currently taking medicine for your high blood pressure? Yes 1 No 2 Don't know/Not sure 7	Neiuseu	J			
3.2. Do you have one person you think of as your personal doctor or health care provider? Yes, only one 1 Yes 1 No 2 No 3 Don't know/Not sure 7  6.2. Are you currently taking medicine for your high blood pressure? Yes 1 No 2 Don't know/Not sure 7					
personal doctor or health care provider? Yes, only one 1 Yes More than one 2 No 3 Don't know/Not sure 7  blood pressure? Yes 1 No 2 Don't know/Not sure 7	3.2. Do you have one person you	think of as your			
Yes, only one       1       Yes       1         More than one       2       No       2         No       3       Don't know/Not sure       7         Don't know/Not sure       7       Refused       9				· 3· ·	
More than one         2         No         2           No         3         Don't know/Not sure         7           Don't know/Not sure         7         Refused         9			·	1	
No3Don't know/Not sure7Don't know/Not sure7Refused9					
	No	3	Don't know/Not sure	7	
Refused 9		7	Refused	9	
·	Refused	9			

Section 7: Cholesterol Awareness	Section 10: Immunization
7.1. Blood cholesterol is a fatty substance found in the	10.1. flu shot is an influenza vaccine injected in your

V: 2005 ARIZONA QUESTIONNAIRE			
blood. Have you EVER had your blood cholesterol checked?	arm. During the past 12 months, have you had a flu shot?		
Yes 1	Yes 1		
No 2	No 2		
Don't know/Not sure 7	Don't know/Not sure 7		
Refused 9	Refused 9		
7.2. About how long has it been since you last had your	10.2. During the past 12 months, have you had a flu		
blood cholesterol checked?	vaccine that was sprayed in your nose? The flu vaccine		
Within the past year 1	that is sprayed in the nose is also called FluMist <sup>TM</sup> .		
Within the past 2 years 2	Yes 1 No 2		
Within the past 5 years 3 5 or more years ago 4	No 2 Don't know/Not sure 7		
Don't know/Not sure 7	Refused 9		
Refused 9	Neiuseu 9		
7.3. Have you EVER been told by a doctor, nurse or	10.3. Have you EVER had a pneumonia shot? A		
other health professional that your blood cholesterol is	pneumonia shot or pneumococcal vaccine is usually		
high?	given only once or twice in a person's lifetime and is		
Yes 1	different from the flu shot. Have you ever had a		
No 2	pneumonia shot?		
Don't know/Not sure 7	Yes 1		
Refused 9	No 2		
	Don't know/Not sure 7		
	Refused 9		
Section 8: Cardiovascular Disease Prevalence	Section 11: Tobacco Use		
Has a doctor, nurse, or other health professional EVER	11.1. Have you smoked at least 100 cigarettes in your		
told you that you had any of the following? 8.1. (Ever told) you had a heart attack, also called a	entire life? Yes 1		
myocardial infarction?	No 2		
Yes 1	Don't know/Not sure 7		
No 2	Refused 9		
Don't know/Not sure 7			
Refused 9			
8.2. (Ever told) you had angina or coronary heart	11.2. Do you now smoke cigarettes every day, some		
disease?	days, or not at all?		
Yes 1	Every day 1		
No 2	Some days 2		
Don't know/Not sure 7 Refused 9	Not at all 3 Refused 9		
8.3. (Ever told) you had a stroke?	11.3. During the past 12 months, have you stopped		
l iv	smoking for one day or longer because you were trying		
Yes 1 No 2	to quit smoking?		
Don't know/Not sure 7	Yes 1		
Refused 9	No 2		
	Don't know/Not sure 7		
	Refused 9		
Section 9: Asthma	Section 12: Alcohol Consumption		
9.1. Have you ever been told by a doctor, nurse, or other	12.1. During the past 30 days, have you had at least one		
health professional that you had asthma?	drink of any alcoholic beverage such as beer, wine, a		
Yes 1	malt beverage or liquor?		
No 2 Don't know/Not sure 7	Yes 1 No 2		
Refused 9	Don't know/Not sure 7		
1 tolubou	Refused 9		
9.2. Do you still have asthma?	1.0.000		
Yes 1			
No 2			
Don't know/Not sure 7			
Refused 9			
<u>.</u>	•		

12.2. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

13.3. Which one or more of the following would you say is your race?
White 1

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Days per week 1	Black/African American	2		
Days in past 30 days 2	Asian	3		
No drinks in past 30 days 8 8 8	Native Hawaiian/Other Pacific Islander	4		
Don't know/Not sure 7 7 7	American Indian, Alaska Native	5		
Refused 9 9 9	Other	6		
Troidsed 5 5 5	Don't know/Not sure	7		
	Refused	9		
12.3. One drink is equivalent to a 12 ounce beer, a 5	13.4. Which one of these groups would y			
ounce glass of wine, or a drink with one shot of liquor.	represents your race?	ou say best		
During the past 30 days, on the days when you drank,	White	1		
about how many drinks did you drink on the average?	Black/African American	2		
Number of drinks		3		
<del></del>	Asian			
	Native Hawaiian/Other Pacific Islander	4		
Refused 9 9	American Indian, Alaska Native	5		
	Other	6		
	Don't know/Not sure	7		
	Refused			
12.4. Considering all types of alcoholic beverages, how	13.5. Are you:			
many times during the past 30 days did you have 5 or	Married	1		
more drinks on one occasion?	Divorced	2		
Number of times	Widowed	3		
None 8 8	Separated	4		
Don't know/Not sure 7 7	Never been married	5		
Refused 9 9	Member of an unmarried couple	6		
	Refused	9		
12.5. During the past 30 days, what is the largest number of	13.6. How many children less than 18 ye	ars of age live		
drinks you had on any occasion?	in your household?	_		
Number	Number of children			
Don't know/Not sure 7 7	None	8 8		
Refused 9 9	Refused	9 9		
Section 13: Demographics	13.7. What is the highest grade or year o	f school you		
13.1. What is your age	completed?	i sonooi you		
Code age in years	≤ Kindergarten	1		
Don't know/Not sure 0 7	Elementary	2		
Refused 0 9	Some high school	3		
Relused 0 9				
	High school graduate	4		
	Some college/tech school	5		
	College graduate	6		
40.0 A	Refused	9		
13.2. Are you Hispanic or Latino?	13.8. Are you currently:	_		
Yes 1	Employed for wages	1		
No 2	Self-employed	2		
Don't know/Not sure 7	Out of work for more than 1 year	3		
Refused 9	Out of work for less than 1 year	4		
	Homemaker	5		
	Student	6		
	Retired	7		
	Unable to work	8		
	Refused	9		

13.9. Is your annual househ	old income from all sources:	13.17. Indicate sex of re	espondent	ĺ
< \$10,000	1	Male	1	
\$10,000 to < \$15,000	2	Female	2	
\$15,000 to < \$20,000	3			

V: 2005 ARIZONA QUESTIONNAIRE				
\$20,000 to < \$25,000 4 \$25,000 to < \$35,000 5				
\$35,000 to < \$50,000 6				
\$50,000 to < \$75,000 7				
≤ \$75,000 8 Don't know/Not sure 77				
Refused 99				
13.10. About how much do you weigh without shoes?	13.18. To your knowledge, are you now pregnant?			
Weight pounds	Yes 1			
Don't know/Not sure 7 7 7	No 2			
Refused 9 9 9	Don't know/Not sure 7 Refused 9			
13.11. About how tall are you without shoes?	Section 14: Veteran's Status			
Height / ft/inches	14.1. Have you ever served on active duty in the United			
Don't know/Not sure 7 7 7	States Armed Forces, either in the regular military or in a			
Refused 9 9 9	National Guard or military reserve unit?			
	Yes 1 1 No 2			
	Don't know/Not sure 7			
	Refused 9			
13.12. What county do you live in?	Section 15: Disability			
FIPS county code  Don't know/Not sure  7 7 7	15.1. Are you limited in any way in any activities			
Refused 9 9 9	because of physical, mental, or emotional problems? Yes 1			
Trotused 5 5 5	No 2			
	Don't know/Not sure 7			
	Refused 9			
13.13. What is your ZIP Code where you live? ZIP Code	15.2. Do you now have any health problem that requires			
Don't know/Not sure 7 7 7 7 7	you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?			
Refused 9 9 9 9 9	Yes 1			
	No 2			
	Don't know/Not sure 7			
13.14. Do you have more than one telephone number in	Refused 9 Section 16: Arthritis Burden			
your household? Do not include cell phones or numbers	16.1. DURING THE PAST 30 DAYS, have you had			
that are only used by a computer or fax machine.	symptoms of pain, aching, or stiffness in or around a			
Yes 1	joint?			
No 2	Yes 1			
Don't know/Not sure 7 Refused 9	No 2 Don't know/Not sure 7			
11010300	Refused 9			
13.15. How many of these are residential numbers?	16.2. Did your joint symptoms FIRST begin more than 3			
Residential phone numbers	months ago?			
Don't know/Not sure 7	Yes 1			
Refused 9	No 2 Don't know/Not sure 7			
	Refused 9			
13.16. During the past 12 months, has your household	16.3. Have you EVER seen a doctor or other health			
been without telephone service for 1 week or more?	professional for these joint symptoms?			
Yes 1	Yes 1			
No 2 Don't know/Not sure 7	No 2 Don't know/Not sure 7			
Refused 9	Refused 9			
1.0.000	1.01000			

,	en told by a doctor or other bu have some form of arthritis, lupus, or fibromyalgia?  1 2 7	17.6. Not counting carrots, potatoes, or salad, how servings of vegetables do you usually eat?  Per day  Per week  Per month	n many  1 2 3
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V: 2005 ARIZONA QUESTIONNAIRE				
Refused 9	Per year 4   Never 5 5 5 5			
	Don't know/Not sure 7 7 7			
	Refused 9 9 9			
16.5. Are you now limited in any way in any of your	Section 18: Physical Activity			
usual activities because of arthritis or joint symptoms? Yes 1	18.1. When you are at work, which of the following best describes what you do? Would you say			
No 2	Mostly sitting or standing 1			
Don't know/Not sure 7	Mostly walking 2			
Refused 9	Mostly heavy labor/physically demanding work 3 Don't know/Not sure 7			
	Refused 9			
Section 17: Fruits & Vegetables	18.2. Now, thinking about the moderate activities you do			
17.1. How often do you drink fruit juices such as orange,	in a usual week, do you do moderate activities for at			
grapefruit, or tomato?  Per day  1	least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that			
Per week 2	causes some increase in breathing or heart rate?			
Per month 3	Yes 1			
Per year 4	No 2			
Never 5 5 5 Don't know/Not sure 7 7 7	Don't know/Not sure 7 Refused 9			
Refused 9 9 9	1.01000			
17.2. Not counting juice, how often do you eat fruit?	18.3. How many days per week do you do these			
Per day 1	moderate activities for at least 10 minutes at a time?  Days per week			
Per week 2 Per month 3	Do not do any moderate physical activity 8 8			
Per year 4	Don't know/Not sure 7 7			
Never 5 5 5	Refused 9 9			
Don't know/Not sure 7 7 7 Refused 9 9 9				
17.3. How often do you eat green salad?	18.4. On days when you do moderate activities for at			
Per day 1	least 10 minutes at a time, how much total time per day			
Per week 2	do you spend doing these activities?  Hours and minutes per day			
Per month         3           Per year         4	Don't know/Not sure 7 7 7			
Never 5 5 5	Refused 9 9 9			
Don't know/Not sure 7 7 7				
Refused 9 9 9 9 17.4. How often do you eat potatoes not including French	18.5. Now, thinking about the vigorous activities you do			
fries, fried potatoes, or potato chips?	in a usual week, do you do vigorous activities for at least			
Per day 1	10 minutes at a time, such as running, aerobics, heavy			
Per week 2	yard work, or anything else that causes large increases in breathing or heart rate?			
Per month 3 4	Yes 1			
Never 5 5 5	No 2			
Don't know/Not sure 7 7 7	Don't know/Not sure 7			
Refused 9 9 9	Refused 9			
17.5. How often do you eat carrots?  Per day  1	18.6. How many days per week do you do these vigorous activities for at least 10 minutes at a time?			
Per week 2	Days per week			
Per month 3	Do not do any moderate physical activity 8 8			
Per year 4 Never 5 5 5	Don't know/Not sure 7 7 7 Refused 9 9			
Never 5 5 5 Don't know/Not sure 7 7 7	1 tolused 9 9			
Refused 9 9 9				
18.7. On days when you do vigorous activities for at	Module 6: Actions to Control High Blood Pressure			
least 10 minutes at a time, how much total time per day do you spend doing these activities?	MOD6_1. (Are you) changing your eating habits (to help lower or control your high blood pressure)?			
Hours and minutes per day	Yes 1			
Don't know/Not sure $\overline{7}$ $\overline{7}$ $\overline{7}$	No 2			
Refused 9 9 9	Don't know/Not sure 7			
	Refused 9			

ou) cutting down on salt (to help lower th blood pressure)?  1 2 alt 3 ot sure 7 9 ou) reducing alcohol use (to help lower th blood pressure)?  1 2 3 ot sure 7 9 ou) exercising (to help lower or control ressure)?  1 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
th blood pressure)?  1 2 alt 3 ot sure 7 9  ou) reducing alcohol use (to help lower th blood pressure)?  1 2 3 ot sure 7 9  ou sure 7 9  ou) exercising (to help lower or control ressure)?  1 2 7
alt 2 alt 3 ot sure 7 9 ou) reducing alcohol use (to help lower th blood pressure)?  1 2 3 ot sure 7 9 ou) exercising (to help lower or control ressure)?  1 2 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
alt 3 ot sure 7 9 ou) reducing alcohol use (to help lower th blood pressure)?  1 2 3 ot sure 7 9 ou) exercising (to help lower or control ressure)?  1 2 7 ot sure 7 9 ou) exercising (to help lower or control ressure)?
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ot sure  1 2 3 ot sure 7 9 ou) exercising (to help lower or control ressure)?  1 2 ot sure 7
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dvised you to) change your eating
ver or control your high blood
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advised you to) cut down on salt (to
rol your high blood pressure)?
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alt 3
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dvised you to) reduce alcohol use (to rol your high blood pressure)?
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1 2 3
ot sure 1 2 months, how many times
ot sure 1 2 3 3 9 the past 12 months, how many times nergency room or urgent care center
ot sure  1 2 3 ot sure 7 9  the past 12 months, how many times nergency room or urgent care center sthma?
ot sure  1 2 3 ot sure 7 9  the past 12 months, how many times nergency room or urgent care center sthma? sits
ot sure  1 2 3 ot sure 7 9  the past 12 months, how many times nergency room or urgent care center sthma? sits  8 8
ot sure  1 2 3 ot sure 7 9  the past 12 months, how many times nergency room or urgent care center sthma? sits

V: 2005 ARI	ZONA	QUESTIONNAIRE		
lower or control your high blood pressure)? Yes	1	did you see a doctor, nurse or other health profe for urgent treatment of worsening asthma symp		
No Don't know/Not sure	2 7	Number of visits None	8 8	
Refused	9	Don't know/Not sure Refused	9 8 9 9	
MOD6_10. Were you told on <b>two or more differer</b> visits to a doctor or other health professional that y		MOD9_5. During the past 12 months, how mar		
had high blood pressure?		did you see a doctor, nurse or other health profe for a routine checkup for your asthma?	2551011a1	
Yes Yes, but female told only during pregnancy	1 2	Number of visits None	8 8	
No Told borderline or pre-hypertensive	3 4	Don't know/Not sure Refused	9 8 9 9	
Don't know/Not sure Refused	7 9			
Module 8: Influenza  MOD8_1. Where did you go to get your most recer shot / vaccine that was sprayed in your nose/vaccin (whether it was a shot or spray in your nose)?	ation	MOD9_6. During the past 12 months, how mar were you unable to work or carry out your usual because of your asthma?  Number of days	activities	
Dr's office or HMO Health department Another type of clinic or health center	1 2 3		8 8 7 7 9 9	
Senior, recreation, or community center Store Hospital	4 5 6			
Emergency room Workplace	7 8			
Other kind of place	9			
Received in Canada/Mexico Don't know/Not sure	10 77			
Refused Module 9: Adult Asthma History	99	MOD9_7. Symptoms of asthma include cough,		
MOD9_1. How old were you when you were first to a doctor or other health professional that you had asthma?	old by	wheezing, shortness of breath, chest tightness a phlegm production when you don't have a cold	or	
Age in years 11 or older  Age 10 or younger 9  Don't know/Not sure 9	- <del>7</del> 8	respiratory infection. During the past 30 days, h did you have any symptoms of asthma? Would Less than once a week Once or twice a week		
Refused 9		More than 2 times a week, but not every da Every day, but not all the time Every day, all the time		
		Not at any time Don't know/Not sure Refused	8 7 9	
MOD9_2. During the past 12 months, have you have episode of asthma or an asthma attack?  Yes	d an 1			
No Don't know/Not sure	2 7			
Refused	9			

MOD9_8. During the past 30 days, ho symptoms of asthma make it difficult for asleep? Would you say?		MOD10_4. Which one or more of the foll you say is the race of the child? White	owing would
One or two Three to four Five Six to ten More than ten None	1	Black/African American	2
	2	Asian	3
	3	Native Hawaiian/Other Pacific Islander	4
	4	American Indian, Alaska Native	5
	5	Other	6
	8	Don't know/Not sure	7

V: 2005 ARIZONA QUESTIONNAIRE				
Don't know/Not sure	7	Refused	9	
Refused	9			
MOD9_9. During the past 30 days, how ma	any days did	MOD10_5. Which one of these groups we	ould you say	
you take a prescription asthma medication t	o prevent an	best represents the child's race?		
asthma attack from occurring?		White	1	
1 to 14 days	1	Black/African American	2	
15 to 24 days	2	Asian	3	
25-30 days	3	Native Hawaiian/Other Pacific Islander	4	
Never	8	American Indian, Alaska Native	5	
Don't know/Not sure	7	Other	6	
Refused	9	Don't know/Not sure	7	
		Refused	9	
MOD9_10. During the past 30 days, how or	ften did you	MOD10_6. How are you related to the ch	ild?	
use a prescription asthma inhaler during an asthma		Parent	1	
attack to stop it?	_	Grandparent	2	
One to four times	1	Foster parent or guardian	3	
Five to fourteen times	2	Sibling	4	
Fifteen to twenty-nine times	3	Other relative	5	
Thirty to fifty-nine times	4	Not related in any way	6	
Sixty to ninety-nine times	5	Don't know/Not sure	7	
More than 100 times	6	Refused	9	
Never	8			
Don't know/Not sure	7			
Refused	9			
Module 10: Random Child Selection		Module 11: Childhood Asthma Prevaler	nce	
MOD10.1. What is the birth month and yea	r of the "Xth"	MOD11_1. Has a doctor, nurse or other h	nealth	
child?		professional EVER said that the child has	asthma?	
Code month and year/		Yes	1	
Don't know/Not sure 7 7 7 7	7 7	No	2	
Refused 9 9 9 9	9 9	Don't know/Not sure	7	
		Refused	9	
MOD10.2. Is the child a boy or a girl?		MOD11_2. Does the child still have asthr	na?	
Boy	1	Yes	1	
Girl	2	No	2	
Refused	9	Don't know/Not sure	7	
		Refused	9	
MOD10_3. Is the child Hispanic or Latino?		Module 15: Colorectal Cancer Screening		
Yes	1	MOD15.1. A blood stool test is a test that		
No	2	special kit at home to determine whether t		
Don't know/Not sure	7	contains blood. Have you EVER had this test using a		
Refused	9	home kit?	-	
		Yes	1	
		No	2	
		Don't know/Not sure	7	
		Refused	9	

DD15_2. How long has it been sing a stool test using a home kit? Within past year Within past 2 years Within past 5 years 5 or more years ago Don't know/Not sure Refused	nce you had your last  1 2 3 4 7 9	MOD21_4. On how many visits did y other health professional recommen medication to assist you with quitting nicotine gum, patch, nasal spray, introcession medication such as Wellbutrin/Zyban/Buproprion? Number of visits Don't know/Not sure None Refused	d or discuss g smoking, such as
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V: 2005 ARIZONA QUESTIONNAIRE			
in which a tube is inserted in the rectum to view the colon		provider recommend or discuss methods and strategies	
for signs of cancer or other health problems. Have you		other than medication to assist you with quitting	
EVER had either of these exams?		smoking?	
Yes	1	Number of times	
No	2	Don't know/Not sure	77
Don't know/Not sure	7	None	8 8
Refused	9	Refused	9 9
MOD15_4. How long has it been since you had your last		Module 22: Secondhand Smoke Policy	
sigmoidoscopy or colonoscopy?		MOD22_1. Which statement best describes the rules	
Within past year	1	about smoking inside your home?	
Within past 2 years	2	Smoking not allowed anywhere inside home	1
Within past 5 years	3	Smoking allowed in some places or some times	2
Within past 10 years	4	Smoking allowed anywhere inside home	3
10 or more years ago	5	There are no rules about smoking inside home	4
Don't know/Not sure	7	Don't know/Not sure	7
Refused	9	Refused	9
Module 21: Smoking Cessation		MOD22_2. While working at your job, are you in	doors
MOD21_1. About how long has it been sin	ce you last	most of the time?	
smoked cigarettes?		Yes	1
Within the past month	1	No	2
Within the past 3 months	2	Don't know/Not sure	7
Within the past 6 months	3	Refused	9
Within the past year	4		
Within the past 5 years	5		
Within the past 10 years	6		
10 or more years ago	7		
Don't know/Not sure	77		
Refused	99		
MOD21_2. In the last 12 months, how man	y times have	MOD22_3. Which of the following best describes	
you seen a doctor, nurse or other health professional to		place of work's official smoking policy for indoor p	
get any kind of care for yourself?		common areas, such as lobbies, rest rooms, and	
Number of times		lunchrooms?	
Don't know/Not sure	77	Not allowed in any public areas	1
None	8 8	Allowed in some public areas	2
Refused	9 9	Allowed in all public areas	3
		No official policy	4
		Don't know/Not sure	7
		Refused	9
MOD21_3. In the last 12 months, on how many visits		MOD22_4. Which of the following best describes	
were you advised to quit smoking by a doctor or other		place of work's official smoking policy for work ar	
health provider?		Not allowed in any work areas	1
Number of times	==	Allowed in some work areas	2
Don't know/Not sure	77	Allowed in all work areas	3
None	8 8	No official policy	4
Refused	9 9	Don't know/Not sure	7
		Refused	9

Module 25: Sexual Violence MOD25_1. In the past 12 months, has a you to unwanted sexual situations that o physical touching?		MOD25_7. Has anyone EVER ATT sex with you after you said or showe want to or without your consent, BU OCCUR?	ed that you didn't
Yes	1	Yes	1
No	2	No	2
Don't know/Not sure	7	Don't know/Not sure	7
Refused	9	Refused	9
MOD25_2. In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to or without your consent?		MOD25_8. Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?	
Yes	1	Yes	1

V: 2005 ARIZONA QUESTIONNAIRE			
No	2	No	2
Don't know/Not sure	7	Don't know/Not sure	7
Refused	9	Refused	9
MOD25_3. In the past 12 months, has anyone		Module 26: Intimate Partner Violence	_
ATTEMPTED to have sex with you after you sa		MOD26_1. Has an intimate partner EVE	
showed that you didn't want to or without your or BUT SEX DID NOT OCCUR?	onsent,	THREATENED you with physical violence	
Yes	1	includes threatening to hit, slap, push, kid hurt you in any way.	ck, or physically
No	2	Yes	1
Don't know/Not sure	7	No	2
Refused	9	Don't know/Not sure	- 7
	-	Refused	9
MOD25_4. In the past 12 months, has anyone	HAD	MOD26_2. Has an intimate partner EVE	R hit, slapped,
SEX with you after you said or showed that you		pushed, kicked, or physically hurt you in a	
want to or without your consent?		Yes	1
Yes	1	No	2
No	2	Don't know/Not sure	7
Don't know/Not sure	7	Refused	9
Refused	9		
MOD25_5. At the time of the most recent incide		MOD26_3. "Other than what you have all	
was your relationship to the person who [had se		about" Has an intimate partner EVER AT	
attempted to have sex] with you after you sai showed that you didn't want to or without your of		physical violence against you? This includes the string to hit along push kink or other	
Complete stranger	onsent. 1	they tried to hit, slap, push, kick, or other hurt you, but they were not able to.	wise priysically
Person known for less than 24 hours	2	Yes	1
Acquaintance	3	No No	2
Friend	4	Don't know/Not sure	7
Date	5	Refused	9
Current boyfriend/girlfriend	6		-
Former boyfriend/ girlfriend	7		
Spouse or live-in partner	8		
Ex-spouse or ex live-in partner	9		
Co-worker	10		
Neighbor	11		
Parent	12		
Step-parent	13		
Parent's partner Other relative	14		
Other relative Other non-relative	15 16		
Multiple perpetrators	17		
Don't know/Not sure	77		
Refused	99		
MOD25 6. Was the person who did this male of		MOD26 4. Have you EVER experienced	l any unwanted
female?		sex by a current or former intimate partner	
Male	1	Yes	1
Female	2	No	2
Don't know/Not sure	7	Don't know/Not sure	7
Refused	9	Refused	9
MODOO 5 In the coast 40 mg . H.	_	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
MOD26_5. In the past 12 months, have you	ı	AZ1_4. In the past year, have you seen a	
experienced any physical violence or had		epilepsy specialist for your epilepsy or se Yes	12416 41301461 ( 1
unwanted sex with an intimate partner?	4		2
Yes	1		7
No Don't know/Not ouro	2		9
Don't know/Not sure	7 9	, , , , , , , , , , , , , , , , , , , ,	<del>-</del>
Refused		A71 5 During the past month to what a	vtont has
MOD26_6. In the past 12 months, have you ha injuries, such as bruises, cuts, scrapes, black e		AZ1_5. During the past month, to what e epilepsy or its treatment interfered with you	
vaginal or anal tears, or broken bones, as a res		activities like working, school, or socializing	
physical violence or unwanted sex?	ait Of tills	friends? Would you say	ng with faililly Of
Yes	1		1
No	2		2

V: 2005 ARIZONA QUESTIONNAIRE		
Don't know/Not sure	7	Moderately 3
Refused	9	Quite a bit 4
		Extremely 5
		Don't know/Not sure 7
		Refused 9
MOD26_7. At the time of the most recent incident, what		State Added: Emergency Preparedness and
was your relationship to the intimate partner who wa	S	Response
physically violent or had unwanted sex with you?.		AZ2_1. How well prepared do you feel your household is
Boyfriend	1	to handle a large-scale disaster or emergency that could
Girlfriend	2	have an impact of 72 hours? Would you say
Former boyfriend	3	Very prepared 1
Former girlfriend	4	Somewhat prepared 2
Male you were dating	5	Not very prepared 3
Female you were dating	6	Not prepared at all 4
Husband or male live-in partner	7	Preparation is not necessary 5
Former husband or former male live-in partner	8	Don't know/Not sure 7
Wife or female live-in partner	9	Refused 9
Former wife or former female live-in partner	10	
Other	11	
Don't know/Not sure	77	
Refused	99	
State Added: Epilepsy		AZ2_2. In the event of a large-scale disaster or
AZ1_1. Have you ever been told by a doctor that you		emergency, which of the following do you have in place?
have a seizure disorder or epilepsy?		Emergency Supply Kit 1
Yes	1	Disaster Communication Plan 2
No	2	Disaster Evacuation Plan 3
Don't know/Not sure	7	Do not have any of the above 4
Refused	9	Don't know/Not sure 7
		Refused 9
AZ1_2. Are you currently taking any medicine to control		
your seizure disorder or epilepsy?		
Yes	1	
No No	2	
Don't know/Not sure	7	
Refused	9	
AZ1_3. How many seizures of any type have you had in		
the last three months?	4	
None	1	
One Mare their one	2	
More than one	3	
No longer have epilepsy or seizure disorder	4	
Don't know/Not sure	7	
Refused	9	

AZ2_3. Please let me know whether you strongly agree, agree, neither agree or disagree, disagree, or strongly disagree with the following statement: I know how to quickly get information about bioterrorism. "Bioterrorism"		AZ4_2a. In the past summer, how often have any of the following measures at night to prof from mosquito bites?  Avoided outdoor areas where you know there	tect yourself
is defined as, "when a person o	r people spread a deadly	mosquitoes? Would you say	
disease, on purpose, through the	ne air or through food or	Always	1
water."	_	Sometimes	2
Strongly agree	1	Never	3
Agree	2	Don't know/Not sure	7
Neither agree or disagree	3	Refused	9
Disagree	4		
Strongly disagree	5		
Don't know/Not sure	7		
Refused	9		

V: 2005 ARIZONA QUESTIONNAIRE		
State Added: Folic Acid  AZ3_1. Do you currently take any multivitamins or supplements that contain folic acid?  Yes 1 No 2 Don't know/Not sure 7 Refused 9  AZ3_2. How often do you take this multivitamin or supplement?  Times per day 1 Times per week 2 Times per month 3 Don't know/Not sure 7 7 7 7 Refused 9 9 9  AZ3_3. Some health experts recommend that women take 400 micrograms of the B-vitamin folic acid every day. They recommend this for which one of the following reasons?  To make strong bones 1 To prevent birth defects 2 To prevent high blood pressure 3 Some other reason 4	AZ4_2b. Worn long sleeved shirts and long pants? Would you say Always 1 Sometimes 2 Never 3 Don't know/Not sure 7 Refused 9 AZ4_2c. Used insect repellent on your skin or clothes? Would you say Always 1 Sometimes 2 Never 3 Don't know/Not sure 7 Refused 9 AZ4_3. This last summer did you remove potential mosquito breeding habitats from around your home such as standing water or water holding containers, such as pots, tires, buckets, etc.?  Yes 1 No 2 Do not have water or containers around home 3 Don't know/Not sure 7	
Don't know/Not sure 7 Refused 9	Refused 9	
State Added: West Nile Virus  AZ4_1. During the last summer, how often did you spend 30 minutes or more outside after dark doing things like sitting, recreating, BBQ'ing or taking a walk? Would you say  Most evenings 1  At least once each week 2  Less than once a week 3  Never 4  Don't know/Not sure 7  Refused 9	<ul> <li>* From question 19.4</li> <li>You have used intravenous drugs in the past year.</li> <li>You have been treated for a sexually transmitted or venereal disease in the past year.</li> <li>You have given or received money or drugs in exchange for sex in the past year.</li> <li>You had anal sex without a condom in the past year.</li> </ul>	